



COUNTY BOROUGH OF WIGAN



Annual Report
of the
Principal
School Medical Officer
For the year 1965


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J. HAWORTH HILDITCH

Medical Officer of Health and Principal School Medical Officer



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COUNTY BOROUGH OF WIGAN

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SCHOOL MEDICAL STAFF

1965

Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

School Medical Officers :

*RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

*THOMAS L. O'DONNELL, M.B., Ch.B., D.P.H.

*AILEEN F. HOWARTH, M.B., Ch.B.

Orthopaedic Surgeon :

*EDWARD W. KNOWLES, M.Ch. (Orth.) F.R.C.S.(Ed.)

Consultant Child Psychiatrist :

*J. F. DUNN, M.B., Ch.B., D.P.M., (to 6/8/65)

Educational Psychologist :

*D. LABON

Principal Dental Officer :

C. F. L. PURSLOW, L.D.S., R.C.S. Eng. (To 30/9/65)

S. AALEN, L.D.S. (From 14/9/65)

Dental Officer :

D. M. HUMPHREYS, L.D.S. (From 21/10/65)

Orthodontic Service :

*A. G. BATTEN, L.D.S., R.C.S., Eng.

Chiropody Service :

*J. WOOD, M.Ch.S.

School Nurses :

E. E. SMITH, P. PRITCHARD, V. LOWN (To 31/3/65)

B. COLLIER (To 31/8/65) E. LAVIN

R. CUNNIFF (From 1/6/65), M. FARRIMOND (From 1/10/65)

Speech Therapist :

*J. A. ECKERSLEY

Psychiatric Social Worker :

*S. M. HALL (To 5/4/65)

*R. BISSETT-SMITH (From 18/10/65)

Orthopaedic Nurse :

*H. JORDAN

Clerk/Dental Attendants :

E. CHADWICK, J. M. PROCTOR

Audiometrician :

*J. I. GOODRICK

Clerks :

D. JONES, S. ROURKE

* Denotes Part-time Officer.

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1965

Health Office,
WIGAN.
April, 1966.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration the report on the work of the School Health Service for the year ended December, 1965.

The medical staff remained unchanged but I must again draw attention to the grave shortage of dental and ancillary staff which continues. Apart from a few months towards the end of the year there were unfilled vacancies for two dental officers. The Child Guidance Service was rendered virtually impotent following the resignation of the Consultant Psychiatrist in July. The full-time post of speech therapist has remained vacant and two of our most experienced school nurses resigned and their places were filled with difficulty. It is against this background of pressures and difficulties that the year's work must be judged. Nevertheless the zeal of the staff in their efforts to safeguard the health of the school population has not diminished.

The findings at periodic medical inspection reveal that the general condition of the children continues to improve and indeed only 0.03% were considered to be unsatisfactory. There was however a slight increase in the number who were found to need treatment. This was due in part to the greater number of children who required correction of defective vision.

Verminous children are still to be found as also are those with scabies but more often now they are confined to families with multiple social problems and feckless ignorant parents whose persistent neglect of their children brings them close to the point where statutory action could be contemplated.

Our experience of notifiable infectious diseases has been negligible apart from a four-fold increase in cases of scarlet fever (114). Only three cases of whooping cough were notified amongst the school population and for the 17th year no case of diphtheria was notified. We were extremely fortunate that no case of poliomyelitis was seen in the town in spite of the fact that a moderately severe epidemic was reported within 20 miles of our borough boundaries. Such is the strength of the cover achieved by thorough immunisation programmes and the sustained pressure of propaganda which we have maintained throughout this and previous years.

There is a feeling that in some authorities handicapped persons, particularly children tend to suffer on account of lack of co-ordination of the various agencies, statutory and voluntary, which are available to assist them. Your Department has always had in the forefront of its mind the integration of the handicapped into the school service as a whole rather than segregation in special schools and a glance at the case reported on page 17 will show what can be done for a child with multiple handicaps given the full co-operation of the Education Authority, the school staff and the medical services.

September brought the retirement of the Principal School Dental Officer—an event not without a note of sadness from both the retiring member and his colleagues in the Department. Mr. Purslow has headed the school dental service for thirty four years and latterly has worked single handed to maintain the dental health of the children in this town. The Committee have elsewhere placed on record their appreciation of his services but I would like to add my thanks for the loyalty and devotion to duty which have always been his first consideration. We in the Department wish him a long and happy retirement, rich in memories of a job well done. The torch is handed to Mr. S. Aalen who we welcome to the Department as Principal School Dental Officer.

Mr. A. G. Batten, who has been in charge of the Orthodontic Service for sixteen years, also retired at the end of the year and I would place on record his sterling service to the Department.

As in previous years we have worked very closely with Dr. R. M. Forrester, Paediatrician, Mr. W. T. Lees, Ophthalmic Surgeon, Mr. E. Knowles, Orthopaedic Surgeon, and Mr. A. G. Calder, Ear, Nose and Throat Surgeon, at the Royal Albert Edward Infirmary, and I thank them for their help and co-operation. Our work would be impossible without the goodwill of the general practitioners and dental surgeons in the Borough and for their continued support I thank them.

My thanks are due also to the several full and part-time officers who have provided material for inclusion in this report and I should like again to place on record my appreciation of the high standard of work performed by the medical, nursing, and ancillary staff of the department. I would also like to thank the Director of Education, his staff and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out. Finally, I acknowledge with thanks the help of the Chairman and Members of the Children's Welfare Sub-Committee whose enthusiasm has been an inspiration during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner:—

The Principal School Medical Officer is also the Medical Officer of Health. All other full time Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town. Their co-operation is essential to the welfare of the children in our care.

Since Autumn 1962 Health Visitors have been working with General Practitioners and attending their surgeries weekly or fortnightly. This has effected a closer co-ordination between the Department and the General Practitioners.

Many children are referred for orthoptic treatment, and there is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session each week.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available on which to base decisions which might influence a child's future education and prospects in later life.

CLINICS

Central Clinic, Millgate, Wigan:—

Minor Ailments Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	.....	By appointment.
Chiropody Clinic	.....	Monday morning.
Orthopaedic Clinic	.....	Monday, Wednesday and Thursday, all day. Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday afternoons.
Child Guidance Clinic	.....	Monday and Friday mornings.

Pemberton Clinic, 15 Billinge Road Pemberton:—

Minor Ailments Clinic Tuesday and Friday mornings.

Pemberton Primary School, Schoolway, Pemberton:—

Dental Clinic Monday and Thursday mornings.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	7	11	2156	1964
Voluntary Schools	21	40	5662	5156
	28	51	7818	7120

Secondary Modern Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	3	5	1186	1055
Voluntary Schools	5	7	1988	1772
	8	12	3174	2827

Secondary Grammar Schools

The Grammar School has 816 pupils on roll, and the High School has 564.

There is one direct-grant secondary grammar school in the town, viz., the Notre Dame High School.

FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year in the majority of the schools. The selective medical examination procedure is continuing at the three schools in which it was introduced in 1963. All children in the schools are inspected during their first year at school. Thereafter children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. The vision of each child is tested annually.

The numbers of children inspected and found to require treatment (excluding uncleanliness and dental diseases) were as follows:—

Year of Birth	Number Inspected	Found to require treatment	Percentage
1961 and later	155	30	19.35
1960	661	192	29.05
1959	527	180	34.15
1958	104	36	34.63
1957	50	22	44.00
1956	40	14	35.00
1955	350	89	25.43
1954	452	133	29.42
1953	160	56	35.00
1952	374	88	23.53
1951	547	152	27.79
1950 and earlier	353	98	27.76
Total	3773	1090	28.88

The physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 25) that over the whole age range the condition of 99.97% of the pupils was satisfactory and only 0.03% unsatisfactory.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—At routine medical inspection 46 children were found to have discharging ears and 130 children to be suffering from other ear trouble. Individual children are tested by pure-tone audiometer.

School Medical Officers carry out pure-tone audiometry in the Department. Cases requiring more intensive investigation are sent to the Manchester University Department of Audiology.

Sweep Audiometric Testing is carried out in infant schools. This work is being undertaken by a specially trained clerk. Any child with an unsatisfactory result is referred to a School Medical Officer for further investigation. 3,297 children were tested during the year of which 77 were submitted for further examination.

Tonsils and Adenoids.—123 children were found at routine medical inspection to require treatment, and 185 required to be kept under observation. 92 received operative treatment during the year. Details are given on page 28 (Table IIIB).

At routine medical inspection the opportunity was taken to obtain an indication of the numbers of children in the school population who had received operative treatment for tonsils and adenoids. The results are as follows:—

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1961 and later	155	5	3.23
1960	661	26	3.93
1959	527	22	4.17
1958	104	8	7.69
1957	50	8	16.00
1956	40	5	12.50
1955	350	43	12.03
1954	452	68	15.00
1953	160	20	12.50
1952	374	44	11.76
1951	547	85	15.53
1950 and earlier	353	66	18.70
Total	3773	400	10.60

Eye Diseases — Visual Defects

Eye Diseases.—63 children were found to be suffering from external eye diseases, mainly conjunctivitis and blepharitis.

1,023 cases were found to have defective vision and squint. Of these 487 required treatment, the remainder being kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are on page 28 (Table IIIA).

Skin Diseases

113 cases of skin disease were found at routine medical inspection. There were no cases of ringworm.

Orthopaedic Defects

At the routine medical inspection 241 cases were revealed. 188 were referred to the Orthopaedic Clinic for treatment and 53 are under observation. Details of attendances at the Orthopaedic Clinic are given in Table IIIC on page 29.

HEALTH EDUCATION IN SCHOOLS

Several Health Visitors gave lecture-demonstrations to senior girls on “Mothercraft.” Five senior girls took part in this course. The contents of the course were presented to the headmistress in advance and the lecture-demonstrations were well received by the students. A total of 132 pupils were entered for the examination in “Child Care” for schools arranged by the National Association for Maternal and Child Welfare. 122 were successful—a very encouraging result.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 25 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

COLLEGE ENTRANTS

75 candidates for admission to various Training Colleges were medically examined during the year.

SUPERANNUATION

6 Teachers were medically examined for superannuation purposes.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following:—

Minor Ailments.—The school clinic at Millgate has been open daily and that at Pemberton two days weekly throughout the year for treatment of minor ailments and the carrying out of special examinations.

During the year 3,866 attendances were made in 251 sessions at the Central Clinic and 265 attendances in 75 sessions at Pemberton Clinic.

The number of children attending Minor Ailment Clinics continues to decline and there was a considerable fall in attendances compared with the previous year.

	1963	1964	1965
No. of children attending	1,486	1,376	1,221
No. of attendances	4,284	4,912	4,131
Average No. of attendances per child	2.9	3.6	3.4

At the School Clinics special examinations of children referred by school nurses, teachers, parents and school welfare officers are carried out by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and the Clinic Attendant attended to cleansing the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated, are given in Table IV, page 30.

Treatment of Visual Defects.—Routine refraction work is performed by the School Medical Officer. All children who are known to have visual defects are re-examined annually, and in addition **every** child has an annual vision check by a school nurse.

The medical and lay staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and co-operative.

Orthoptic Service.—22 school children have been referred to the Wigan Infirmary for orthoptic exercises.

Uncleanliness.—Arrangements for head inspection have continued as in previous years. Details are to be found on page 30 (Table V).

The following scheme has been in operation during the year:—

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.
- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

Great efforts have been made to apply the scheme thoroughly, and the results have been very gratifying.

The total number of first examinations of children was 10,341, and of these 346 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 291.

At the first examination the percentage of infested children was 3.34 and at the final inspection the percentage had been reduced to 2.81.

It is essential to have the co-operation of parents and teachers in this important work.

There were 21 cases of scabies in 1965 compared with 17 cases in 1964. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in re-infestation of the children concerned and prevents that particular source of infestation being cleared.

Orthopaedic Service.—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council has continued to work well. The Surgeon attends one session per month and the Orthopaedic Nurse attends six sessions per week.

During the year 239 patients attended and 930 attendances were made for physiotherapy. Four children were referred to Wigan Infirmary for surgical treatment which proved to be successful in each case. The hydro-

therapy classes at the Baths were heavily curtailed owing to alterations at the Baths and the low temperature of the water. There are now very few badly crippled children and as the swimming programme in the Borough includes instruction for junior schools the hydrotherapy classes are no longer held.

Tuberculosis.—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

Arrangements for treatment are now in the hands of the Regional Hospital Board, the School Health Service being responsible for adequate after-care and reference to Special Schools if necessary.

Arrangements have been agreed whereby all personnel of the School Meals Service and School Caretakers are subject to X-ray examination as a preventive measure. Unfortunately, this does not extend to teachers already in post, but all new entrants to the profession are screened.

During the year there were three notified cases of tuberculosis in three separate schools. Two of the cases occurred in teachers and one in a pupil.

In the first two cases Mantoux and X-ray examinations were carried out in collaboration with the Consultant Chest Physician. At one school 188 infant and junior children were tested and 173 were given B.C.G. vaccination. The 15 positive reactors were X-rayed and two were found to be suffering from tuberculosis. At the second school 76 senior pupils were Mantoux tested. The only one showing a positive reaction was X-rayed and the result showed no active disease.

In the third case the internal administration of the school was such that a very large number of possible contacts had to be examined. A Mass Miniature Radiography Unit therefore visited the school and X-rayed the staff and pupils. It was thought necessary for two children to be referred to a Chest Clinic. As both children came from another town and travelled to school in the same coach as the original case, arrangements were made for them to be seen at their local Chest Clinic. One is still under observation and the other has been diagnosed as having bronchiectasis.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination is offered to all 13 year old children and the 82% acceptance rate is higher than that for the previous year (74%).

Routine Protection of School Children:

No. in 13 year age group	1015
No. for whom consent was obtained	834
Percentage of acceptances	82%
No. of Mantoux-Negative	774
No. of Mantoux-Positive	60
Percentage Positive	7.2%
No. Vaccinated	774
No. who had Chest X-ray	59
No. where X-ray showed active tuberculosis	—
No. where X-ray showed lung abnormality requiring further observation	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. Our percentage, 7.2 compares favourably with that in other urban industrial areas.

CHILD GUIDANCE CLINIC

Until August 1965 Dr. Dunn, Consultant Child Psychiatrist, attended the clinic for two half days per week. A Psychiatric Social Worker and an Educational Psychologist attended for approximately a half-day each week. Because of limitations on professional time it was not possible to do justice to many of the referrals (a number of these could only really be helped by frequent therapy sessions over a fairly long period) and much of the work had to be of a diagnostic and advisory nature.

Finding appropriate educational placement continues to be a particular problem. In the past there has been a shortage of places locally for children who are educationally retarded, dull intellectually, or emotionally disturbed to such an extent that they cannot cope in normal school. However the position is improving and in the Wigan area special school facilities are now coming into existence. The position with regard to placement of children in schools for maladjusted children remains difficult. There are no day facilities locally and children who have obtained the all too rare places in residential schools often have to travel to the other end of the country for these, so that liaison with the Child Guidance Clinic in these cases is not really possible.

Following Dr. Dunn's departure in August an Educational Psychologist has continued to visit the clinic periodically in order to carry out diagnostic and advisory work on children referred with educational problems. We look forward to the appointment of another Consultant Child Psychiatrist, particularly as the incidence of emotionally disturbed children in the area is not likely to diminish.

Referrals	County	Borough
Cases on waiting list at end of 1964	15	4
Cases referred during 1965	26	7
New cases seen during 1965	25	2
Cases withdrawn during 1965	6	1
Cases on waiting list at end of 1965	10	8

Total Cases seen during 1965

Source of referral:

School Medical Officer	24
General Practitioner	6
Paediatrician	8
Probation Officer	1

Type of referral:

Stealing	6
Learning problems	12
School refusal	5
Other symptoms of emotional disorder	16

Recommendations:

Attendances at clinic for treatment	8
Supervision by other agencies	7
Special Educational Treatment	9
Advice in school	2
Diagnosis and advice to parents	9
Diagnosis and review	4

Clinic Attendances

Children	105
Parents	83
Other Interviews.....	35

Speech Therapy.—A limited service has been provided. Miss J. A. Eckersley has been employed two sessions per week throughout the year. Continuing efforts are being made without success to recruit additional staff. There is a national shortage of trained speech therapists and this is not likely to be resolved in the foreseeable future.

No. of cases treated	36
No. of new cases	15
No. of attendances	533
No. of children discharged	12
No. of children reviewed	27

Treatment of Enuresis.—The loan service of electric alarm machines for use in the treatment of this condition continues. This service is operated through the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Electric alarm machines have been used by 4 children in 1965.

Chiropody.—I am indebted to Mr. J. Wood for the following report:—The Chiropody Clinic for children showed for 1965 a considerable increase in the number of cases attending for treatment, almost all of them for Verrucae Pedis. The condition of children's feet attending the clinic is, hygienically, very good, but choice of footwear leaves a lot to be desired in some of the older children. I have given warning to the children of possible results of wearing such shoes.

No. of attendances by Chiropodist	47
No. of Patients	148
No. of Treatments	695

ANALYSIS OF CASES, 1965

Verrucae Pedis	142
Other Conditions	6

HOSPITAL & SPECIALIST SERVICES

There have been no material changes to hospital and specialist services available for school children since my last report.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyelitis was notified in school children. There were 14 cases of scarlet fever, 147 cases of measles, 3 cases of whooping cough, 3 cases of tuberculosis and 3 cases of dysentery.

Diphtheria Immunisation.—We have now had seventeen years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort is spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers have co-operated extremely well in advising parents to have their children protected. In order to minimise the amount of class-room time lost at immunisation sessions arrangements have been made for these to be undertaken in schools as well as at clinic premises.

Parents whose children are receiving Primary Inoculation against Diphtheria are now encouraged to have them protected with Diphtheria-Tetanus Combined Vaccine. When a child has previously received active

anti-tetanus immunisation the combined vaccine is used for Booster injections. Names of pupils so protected are forwarded to the Casualty Department of the Infirmary, so that in case of injury involving a risk of Tetanus the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable measure of receiving passive immunity by means of Anti-tetanus Toxin.

No. of children completing Primary Diphtheria-Tetanus Inoculation	424
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No. of children receiving Booster Diphtheria or Diphtheria-Tetanus Inoculation	2154
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Vaccination against Poliomyelitis.—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course	1289
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HANDICAPPED PUPILS

Ascertainment of handicapped pupils has continued throughout the year.

Many handicapped pupils are found during the first periodic medical inspection, and others are brought to the notice of the Department by teachers or parents. An increasing proportion are discovered prior to their admission to school whilst attending Welfare Clinics, and the close liaison which exists between the School Health and Maternity and Child Welfare Services ensures that these children are guided early into the educational channels which will be of most benefit to them.

Should the child be so incapacitated as to be unable to attend the School Clinic, arrangements are made for the School Medical Officer to visit the home in conjunction with the Family Doctor who is attending, thus first hand information of the child's previous history is obtained.

It is becoming more and more apparent that a physically handicapped child has special problems of psychological and emotional adjustment as he grows up. Understandably, thinking in the past has too often been directed solely to the child's immediate problems and perhaps too little thought has been given to his future adult life.

Ascertainment of a pupil is not, after all, to set him apart but rather to mark him out as a child needing more help than most to become integrated into school life. The closer the approximation to normal schooling, the more rounded and mature will be the school leaver. For example, one child, with a permanent ileostomy and ureteral transplants, a repaired spina bifida and a partial amputation of one foot left school during the year having successfully attended a Grammar School to G.C.E. level by dint of

periodic reassessment, provision of transport, co-operation of the teaching staff and other aids. She is now employed as a tracer in a local engineering works.

Some selected children with congenital cardiac defects, repaired and otherwise, are now attending normal school whereas some years ago they might well still have been in residential school. They have speedily found by experience how much play they are capable of and have adjusted themselves to this limit without any authoritative restrictions from the School Medical Officer.

Unfortunately there will always be children who have to be sent to residential school or who are confined to their homes and need the services of a home teacher. The first steps have been taken towards lessening the isolation of the child at home by trying to arrange for children living close together to be taught together. Grave problems of parental consent, transport and the children's temperament are involved, but it is hoped that this scheme will be developed in future years and give these children some sense no matter how small, of school community. Certainly, so far, what small results have been obtained have given encouragement for the future.

When handicapped children reach school leaving age an assessment is made of their capacity for work in open or sheltered industry and the relevant advice is given to the Youth Employment Bureau. There are close links with the Welfare Services Section and they are informed of the children who will require their help some time before they leave school.

During the year five children were reported to the Local Health Authority in accordance with Section 57 (4) of the Education Act as they were considered unsuitable for education at school because of a disability of mind.

Handicapped Children Ascertained during 1965:

(a) Blind pupils	1
(b) Partially sighted pupils	—
(c) Deaf pupils	—
(d) Partially hearing pupils	2
(e) Physically handicapped pupils	3
(f) Delicate pupils	4
(g) Maladjusted pupils	1
(h) Educationally subnormal pupils	15
(i) Epileptic pupils	1
(j) Pupils with speech defects	—
	—
	27
	—

Handicapped Children Attending Special Schools

	Number admitted in 1965	Number Attending
(a) Blind Pupils.		
Liverpool School for the Blind	—	2
Condover Hall, Shrewsbury	—	1
Sunshine House, Southport	1	1
(c) Deaf Pupils.		
Royal Residential School for the Deaf, Birmingham	—	1
Royal School for the Deaf, Manchester	—	4
Royal Cross School for the Deaf, Preston	1	1
(d) Partially Hearing Pupils.		
Liverpool School for Partially Deaf	1	2
Thomasson Memorial School, Bolton	—	2
(e) Physically Handicapped Pupils.		
Birtenshaw Hall, Bolton	—	2
Bradstock Lockett, Southport	—	2
(f) Delicate Pupils.		
St. Dominic's Open-air School, Surrey	1	2
St. Catherine's Home, Ventnor, Isle-of-Wight	1	2
St. Vincent's School, St. Leonards	—	1
St. Patrick's Hayling Island	1	1
(g) Maladjusted Pupils.		
Pitt House Junior School, Devon	—	1
Heanton School, Devon	1	1
(h) Educational Sub-normal Pupils.		
High Close Special School Wokingham	—	1
Pontville Special School, Ormskirk	—	1
Allerton Priory Special School, Liverpool	—	1
Meadows Memorial School, Southborough	—	3
Beechwood Residential School, Liverpool	—	1
St. Joseph's R.C. School, Cranleigh	—	3
Pitt House Senior School, Devon	1	1

In addition 13 children were accommodated in the special class for educationally sub-normal children at Warrington Lane Primary School, Wigan, and 28 in the Special Class at Robert Lewis Primary School.

EDUCATION ACT, 1944, SECTION 56

During the year 7 children received home teaching and 14 children received tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when allowed to be deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching per week, and for cases in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patient's abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child.

WORK OF THE SCHOOL NURSES

	1964	1965
No. of visits paid to homes for following up of cases	491	522
„ first visits paid to schools in connection with general cleanliness	89	94
„ children inspected for general cleanliness	9,912	10,341
„ visits paid to schools for re-inspection for general cleanliness	327	396
„ re-inspections for general cleanliness	27,548	32,496
„ visits to schools for Infectious Diseases	19	12
„ children inspected for Infectious Diseases	581	728
„ visits paid to schools for other purposes	156	51
„ visits paid to homes for Infectious Diseases	13	6
„ visits paid to schools for Medical Inspection	260	255
„ visits paid to schools for Inoculations	83	123
„ Inoculation Sessions at School Clinic	34	65
„ visits paid to schools for Vision Testing	66	97

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varies considerably in the different schools. The total number of parents present was 2,283 and the total number of children medically inspected was 3,773, the average attendance of parents being 60.51 per cent.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and

submit special cases for inspection. Prompt and complete information regarding infectious diseases is very valuable to the Principal School Medical Officer and can help him to control or even prevent epidemics.

CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service.

During the year the following work was carried out on behalf of the school children in the care of the Children's Department:—

Preliminary Examinations prior to admission into care	32
Annual Home Office Medical Inspections	94

CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 45 cases, involving the welfare of 117 children.

PROVISION OF MEALS AND MILK

A new Kitchen Dining Room was opened at the Girls High School, Whitley Crescent, on September 1st, 1965.

SUMMARY OF MILK AND MEALS SERVED

	1964	1965
Paid and free meals to children and teachers	1,301,292	1,376,197
Third-pint bottles of milk	2,091,501	2,054,717
Meals supplied to Notre Dame High School	58,303	63,451
Meals supplied to Hope School	12,044	10,950
Meals supplied to Marylebone Training Centre	5,760	5,413
Meals supplied to Fabrex Training Centre	—	1,973
Meals supplied to the Workshops for the Blind	3,581	3,626

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Staff.

The year under review saw great changes inasmuch as both Mr. C. F. L. Purslow and Mr. A. Batten retired at the end of September and December respectively.

Mr. Purslow who had held the position as Principal School Dental

Officer here in Wigan for more than thirty years will always be remembered amongst both staff and colleagues alike for his fortitude and devotion to duty.

I took up my appointment from September 14th, and towards the end of October another Dental Officer was appointed, thus bringing the number of full-time officers up to two against an establishment of three.

Clinics and Equipment.

The Clinic at the Pemberton Primary School has—as in previous years—been kept open two sessions each week for the treatment of children in that area, and the Central Clinic, Millgate, has since September been open at all times.

A very modern two-surgery Dental Clinic is now under construction in the Pemberton area as part of the new Multi-Purpose Clinic, and it is hoped that it will be ready towards the end of 1966.

The equipment of the existing Clinics is generally of good standard, but so far only one surgery has been equipped with air-turbine. A steady progress is, however, being made in this field, and it is hoped that in 1966 at least two more surgeries will be equipped with this modern equipment.

Dental Inspections.

8,064 children out of a school population of 12,367 received a routine dental inspection. In addition 496 children attended the clinics for periodic recalls or as casuals for special inspections.

Thus most of the Primary and Secondary Schools in the Borough were visited for the purpose of carrying out dental inspections, and facilities were again made available—at most schools—for parents to attend during the examination of the younger children.

The goal, however, must be to attain a minimum annual inspection of each child at school and to improve on that whenever possible. This is kept constantly as one of the objects of the Service.

The acceptance rate at the Clinics of all cases offered treatment was 48.12%.

Dental Treatment.

1,708 children received treatment and 878 were made dentally fit. However, due to shortage of staff it has not yet been found possible to maintain this dental fitness by a six-monthly recall system.

31 new orthodontic cases were commenced during the year, and 15 children had new appliances fitted. The demand for this treatment seems to be forever increasing, and a small waiting list still exists.

General anaesthesia was administered in 25 cases, and 36 cases received

a radiological examination, the latter performed by the X-ray Department of the Wigan and Leigh Hospital Management Committee.

Other forms of treatment included 173 operations, comprising scaling and gum treatment, treatment of oral ulceration, dressings for the relief of pain, impressions for orthodontic appliances and study models, and adjustments to orthodontic appliances.

Dental Health Education.

Due to shortage of staff no large scale Dental Exhibition has been held or organised by this Authority.

However, during school inspections and when the children attended for treatment they were questioned regarding their oral hygiene and diet, and they were constantly instructed in teeth brushing and the correct foods to eat. Health Visitors and School Nurses co-operated in the work of dental health education as well as did Domestic Science Teachers in Secondary Schools.

In conclusion, it is with pleasure that I express appreciation and thanks to all those who by their help and encouragement have taken part in promoting the activity of the Dental Service in 1965, so enabling the continuation of this work for the welfare of the children.

PHYSICAL EDUCATION

During the past twelve months the new playing facilities at the New Girls' High School were brought into use. These consist of two Redgra hockey pitches, a large area of Redgra tennis and netball courts, together with an outdoor covered gymnasium. Football pitches have now been provided at Ashfield Playing Field, Standish, which were formerly used by the Girls' High School for hockey and these are now used by two junior schools who previously had the use of a rented area of land. In addition, the junior girls from these two schools use the playing field for Netball, Rounders, etc., as well as for Hockey practice.

A Coaching Course was arranged during the summer holidays 1965 and coaches for Soccer, Rugby, Hockey and Tennis were appointed. Organised games were held at the Marsh Green, Beech Hill and the St. Cuthbert's Schools, whilst Cricket facilities were made available at the Robin Park Playing Field. These ventures attracted both senior and junior pupils and were much appreciated both by the pupils and the parents.

The Wigan and District Schools' Football Association covers a very large area including not only the County Borough but a large number of adjoining County districts, including Atherton, Leigh, Astley and Tyldesley. The schools in this area who are members of the Association enter for both League and Cup Competitions. The Association's represen-

tative sides continue to do well both in County and National Competitions. This year's Senior XI were defeated by Liverpool in the Final of the County Cup and the third year XI shared with Bolton the Mid-Lancashire Cup, the Final having produced a Draw. The Primary Schools XI also achieved success, winning each of the two games played.

Swimming instruction continues to be given all the year round at the Public Baths and a total of 448 children gained the Elementary Certificate, 137 the Intermediate Certificate and 72 the Advanced Certificate. Life Saving Competitions were again held under the auspices of the Local Schools' Swimming Association and of the Liverpool Shipwreck and Humane Society. Two children obtained the Royal Life Saving Society Instructor's Certificate, Five the Award of Merit, Four the Bronze Cross, 69 the Bronze Medallion and Six the Intermediate Certificate. Total attendances at the Baths for the purposes of Swimming Instruction in 1965 were 46,026.

The Wigan and District Schools' Rugby League Town Team (under 15) was defeated by Leigh in the Semi-Final of the Lancashire Cup. The under 13 Town Team again won the Lancashire Cup by defeating Warrington in the Final, whilst the under 11 Town Team also reached the Final of their competition but were again beaten by Widnes. During the season four members of the Wigan Senior Team gained County honours. In addition, All Saints' C.E. Secondary Boys' School won the Lancashire Evening News Competition.

The Wigan and District Schools' Athletic Association meeting was again notable for the increased number of new records obtained. During the 1965 athletic season no fewer than 27 new records were created at all age levels. As a result of their performances, one boy and one girl were selected to represent Lancashire in the Inter-Counties Athletics Championships held at Watford.

There has been further progress in cross country running and since the formation of an Inter-Schools Cross Country League there has been a welcome and encouraging response on Saturday mornings from both boys and girls. Cross country running for girls is on the increase and Wigan is to stage the first official County Cross Country Championships for Girls in March, 1966.

STATISTICAL TABLES

TABLE I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools during 1965

A. PERIODIC MEDICAL INSPECTIONS

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory No.	Unsatisfactory No.
1961 and later	155	155	—
1960	661	660	1
1959	527	527	—
1958	104	104	—
1957	50	50	—
1956	40	40	—
1955	350	350	—
1954	452	452	—
1953	160	160	—
1952	374	374	—
1951	547	547	—
1950 and earlier	353	353	—
Total	3773	3772	1

The physical condition of 99.97% of pupils inspected was satisfactory.
The physical condition of 0.03% of pupils inspected was unsatisfactory.

Year of Birth	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1961 and later	2	29	30
1960	55	154	192
1959	42	139	180
1958	6	31	36
1957	4	18	22
1956	2	12	14
1955	30	66	89
1954	57	82	133
1953	30	26	56
1952	45	52	88
1951	72	85	152
1950 and earlier	57	43	98
Total	402	737	1090

B. OTHER INSPECTIONS

Number of Special Inspections	246
Number of Re-inspections	1677
Total	<u>1923</u>

TABLE II

Defects Found by Medical Inspection during the year

A. PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin	20	12	11	1	50	19	81	32
Eyes (a) Vision	96	266	57	23	246	204	402	493
(b) Squint	51	17	9	2	25	24	85	43
(c) Other	3	5	1	7	8	39	12	51
Ears (a) Hearing	44	31	2	—	25	16	71	47
(b) Otitis Media	4	12	—	1	16	13	20	26
(c) Other	1	1	1	—	6	3	8	4
Nose and Throat	71	102	2	5	70	86	143	193
Speech	11	8	1	1	6	9	18	18
Lymphatic Glands	2	52	—	—	4	30	6	82
Heart	6	25	1	2	15	16	22	43
Lungs	20	24	6	4	24	21	50	49
Developmental								
(a) Hernia	12	3	1	—	9	3	22	6
(b) Other	5	18	—	1	11	6	16	25
Orthopaedic								
(a) Posture	5	1	—	—	6	1	11	2
(b) Feet	44	10	11	4	50	11	105	25
(c) Other	30	13	3	2	39	11	72	26
Nervous System								
(a) Epilepsy	1	—	—	2	1	—	2	2
(b) Other	4	7	—	—	4	1	8	8
Psychological								
(a) Development	4	3	—	—	3	5	7	8
(b) Stability	—	3	1	—	4	8	5	11
Abdomen	4	2	2	—	20	7	26	9
Other	6	6	3	2	53	20	62	28
Totals	447	621	112	57	695	553	1254	1231

* Defects requiring treatment (T).

† Defects requiring to be kept under observation (O).

B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring Treatment	Pupils requiring Observation
Skin	1	3
Eyes (a) Vision	10	4
(b) Squint	2	—
(c) Other	1	—
Ears (a) Hearing	9	—
(b) Otitis Media	—	—
(c) Other	2	—
Nose and Throat	3	3
Speech	3	5
Lymphatic Glands	—	—
Heart	1	—
Lungs	3	6
Developmental (a) Hernia	—	—
(b) Other	—	—
Orthopaedic (a) Posture	—	—
(b) Feet	5	4
(c) Other	1	1
Nervous System (a) Epilepsy	2	—
(b) Other	—	—
Psychological (a) Development	—	1
(b) Stability	—	—
Abdomen	1	—
Other	2	—
Totals	46	27

TABLE III

**Treatment of Pupils attending maintained Primary and Secondary
Schools**

A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	56
Errors of refraction (including squint)	414
Total	<u>470</u>
Number of pupils for whom spectacles were prescribed	255
Analysis of Cases in which Spectacles were Prescribed	
Simple Hypermetropia	29
Simple Myopia	38
Hypermetropic Astigmatism	139
Myopic Astigmatism	33
Mixed Astigmatism	16
Total	<u>255</u>

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	92
(c) for other nose and throat conditions	—
Received other forms of treatment	31
Total	<u>123</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	2
(b) in previous years	16

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	239
(b) Pupils treated at school for postural defects	—
	<hr/> 239 <hr/>

Attendances at the Orthopaedic Clinic

	Wigan	H ndley	Ince	Standish	Orrell	Total
No of children of school age attending	239	2	3	14	6	264
No. of attendances of children of school age	941	2	21	39	29	1032

D. DISEASES OF THE SKIN (excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	21
Impetigo	32
Other skin diseases	287
Total	<hr/> 340 <hr/>

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	9

F. SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	36

G. OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	659
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	774
(d) Other than (a), (b) and (c) above, please specify: Chiroprody	148
Total (a) - (d)	<hr/> 1581 <hr/>

TABLE IV
Minor Ailment Clinics
Classification of Consultations and Treatment

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	135	—	198
Scabies	21	—	100
Impetigo	32	—	182
Other Skin Diseases	287	—	1237
Blepharitis	1	—	7
Conjunctivitis	—	—	—
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	55	2	179
Defective Hearing	—	—	—
Minor Ear Diseases	24	—	84
Nose and Throat Conditions	7	—	11
Deformities	6	—	8
Injuries to Bones and Joints	8	8	8
Miscellaneous	645	22	2117
Total	1221	32	4131

TABLE V
Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	14
Total number of examinations of children in the Schools by School Nurses	42,837
Number of individual children found unclean at first inspection	346
Number of individual children found unclean at final inspection	291
Number of children cleansed under arrangements made by the Local Education Authority	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE VI
Dental Inspection and Treatment

Attendances and Treatment	Ages			
	5 - 9	10 - 14	15 +	Total
First Visit	1000	689	19	1708
Subsequent visits	544	503	13	1060
Total visits	1544	1192	32	2768
Additional courses of treatment commenced	80	114	12	206
Fillings in permanent teeth	425	952	50	1427
Fillings in deciduous teeth	302	27	—	329
Permanent teeth filled	372	816	43	1231
Deciduous teeth filled	265	25	—	290
Permanent teeth extracted	26	166	10	202
Deciduous teeth extracted	968	358	—	1326
General anaesthetics	15	10	—	25
Emergencies	106	46	6	158

Number of Pupils X-rayed	—
Prophylaxis	144
Teeth otherwise conserved	29
Number of teeth rootfilled	2
Inlays	—
Crowns	—
Courses of treatment completed	878

Orthodontics

Cases remaining from previous year	59
New cases commenced during year	31
Cases completed during year	24
Cases discontinued during year	3
No. of removable appliances fitted	15
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant	2

Prosthetics	Ages			
	5 - 9	10 - 14	15 +	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	—	—	—
Number of dentures supplied	—	—	—	—

Anaesthetics

General Anaesthetics administered by Dental Officers	25
--	----

Inspections

(a) First inspection at school. Number of Pupils	8064
(b) First inspection at clinic. Number of Pupils	124
Number of (a) + (b) found to require treatment	3750
Number of (a) + (b) offered treatment	3321
(c) Pupils re-inspected at school clinic	372
Number of (c) found to require treatment	228

Sessions

Sessions devoted to treatment	386
Sessions devoted to inspection	51
Sessions devoted to Dental Health Education	—

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